

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43083

State File No.

FILED NOV 19 1957

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2650</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. LENGTH OF STAY (In this place) <u>12 HRS</u>		c. CITY OR TOWN <u>ST LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>43 Normandy Osteopathic</u>				e. STREET ADDRESS (If rural, give location) <u>2610 1445 Rowan</u>			
3. NAME OF DECEASED (Type or Print) <u>BABE BOY</u>		a. (First) <u>DOUGLAS LYNN</u>		c. (Last) <u>Minor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 24 57</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>10-24-57</u>	
9. AGE (In years last birthday) <u>0</u>		10. MONTHS <u>0</u>		11. DAYS <u>0</u>		12. HOURS <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Normandy, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Labban B. Minor</u>		13b. MOTHER'S MAIDEN NAME <u>Alle good</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Labban B. Minor</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure - medullary</u> ANTECEDENT CAUSES DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>7735</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>13 hrs</u>	
19a. DATE OF OPERATION <u>10-24-57</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. PLACE OF INCIDENT (Specify) <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
22. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7:20</u>		22e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 24, 1957</u> , to <u>Oct 24, 1957</u> , that I last saw the deceased alive on <u>Oct 24</u> , 1957, and that death occurred at <u>3:20</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Fred G. Corbett, MD</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>2335 Brown Rd</u>		23c. DATE SIGNED <u>10-24-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-26-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT LEBANON</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-26-57</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Lombardi</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ORTMANN F Home 9222 LACKLAND</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Can't say off

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Al C Oetmann*.....

Licensed Embalmer No. *3478*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.